



ICD-10 Education Scripps Mercy Physician Partners

Why ICD-10?

- Accurate and robust patient record
- Population Health Management (Analytics)
- Payer Contract Negotiations
- Lack of specificity has strong possibility of claim rejections and potential for lower reimbursements
- Significant claim re-work by Business Office
- Delayed Accounts Receivable days

1. **Why not just wait for ICD-11?**

The US adopted ICD-9 in 1979 – just think of all the advances in medical technology and knowledge since then – we have outgrown ICD-9's structural capacity. ICD-11 isn't due yet, and then US modifications will take years. An overhaul of the system is overdue and providers who are well prepared for conversion are in the best position to gain advantage – not lose further ground.

2. **Other countries use ICD-10 – it can't be that complex to change.**

No other country is using the number of diagnosis codes we are and procedure codes are used only in the US. There are 19 times more PCS in ICD-10.

3. **Physician offices won't have to change.**

No, sorry! All providers must know the new diagnosis standards at a minimum.

Top 10 Myths

4. **I don't treat Medicare patients, so I don't have to worry.**
Again, no, sorry!! Anyone covered by HIPAA is affected.
5. **It's just a systems change – IT will take care of it.**
A lot of education and process changes will be necessary.
6. **We will rely on the coders to figure it out.**
If dx and/or procedure specifics aren't provided, it can't be coded and billed = many more coding query follow ups to MDs.
7. **I'll just buy a translation tool.**
There are no “off the shelf” solutions for ICD-9 to ICD-10.

8. **I'll just use general codes.**

ICD-10 data will drive reimbursement. Provider claims data must support patient acuity/severity for appropriate reimbursement.

9. **I hear reimbursement won't change.**

CMS's goal with MS-DRG and HCC mapping is revenue neutrality, but "the devil is in the details".

10. **ICD-10 won't improve patient care.**

Enhanced data will improve procedure-to-outcome analysis & accuracy of research results, and allow earlier identification of patients needing disease management.

Benefits of ICD-10

- Improved ability to measure health care services
- Increased sensitivity when refining grouping and reimbursement methodologies
- Enhanced ability to conduct public health surveillance
- Decreased need to include supporting documentation with claims
- Includes updated medical terminology and classification of diseases
- Provides codes to allow comparison of mortality and morbidity data
- Provides better data for:
 - Measuring care furnished to patients
 - Designing payment systems
 - Processing claims
 - Making clinical decisions
 - Tracking public health
 - Identifying fraud and abuse
 - Conducting research

Why Change?

- ICD-9 is 30 years old
- ICD-9 is based on the state of medical knowledge of the late 1970s with periodic updates applied
- ICD-9 consists of outdated and obsolete terminology
- ICD-9 is inconsistent with current medical practice
- ICD-9 inadequately describes diagnosis and procedures delivered in the 21st century
- ICD-9 hampers the ability to compare costs and outcomes of different medical technologies, and
- ICD-9 cannot support the U.S. transition to an interoperable health data exchange in the U.S.
- ICD-9 is running out of space, and the limited structural design cannot accommodate advances in medicine and medical technology and the growing need for quality data.

ICD-10 Documentation Core Concepts:

Acuity- acute, chronic, intermittent

Severity- mild, moderate, severe

Etiology- trauma, diabetes, renal failure, exercise or infection induced

Location- where is it- be specific about which joint, chest, femur, posterior thorax

Laterality- which side is it? Left, right, both?

Detail- initial vs subsequent encounter, sequela and associated findings

Low Back Pain case

Sarah is a 32 year old female with low back pain to the entire lumbar area. The pain, measured as a 5 or 6 on Wong-Baker FACES Pain Scale, started the day after she moved into her new home one week ago. She admits to moving most of the boxes and furniture herself. The pain worsens with extension and with exercise. However, she does not complain of sciatica. X-rays are negative for intervertebral disc displacement.*

Low Back Pain: Example

Acuity - Acute

Severity - Moderate

Etiology - Exertion outside typical physical activity, moving boxes and heavy furniture

Location - Lumbar

Laterality - Bilateral

Detail: Without sciatica or intervertebral disc displacement

All put together: Acute, moderate pain to the bilateral lumbar area precipitated by moving boxes and heavy furniture without sciatica or intervertebral disc displacement

Diabetes with complication code selection:

- The plus sign next to 250.XX codes means your selection is actually two codes and two codes drop on your encounter
- Select a diabetes code with the complication that matches your patient conditions (hover over the + sign will show the second code attached to your selected code)
- Select the most specific description for the code with wording that creates the linkage between diabetes & complication
- Document status & treatment plan for both conditions, otherwise the complication codes are not supported and will be deleted

Additional Information

- Required supporting documentation for each reported ICD-10 code:
 - a. Final/definite diagnosis for each condition
 - b. Status of each condition
 - c. Treatment plan/management for each condition

- Please avoid to use “History of” in your progress note examples unless it is about a condition that does not exist anymore. The history of in coding world means the condition does not exist and can't be coded.

- Use “ chronic” or “know” to replace “history of”.

Additional Tips*

ICD-10 Documentation for attention deficit hyperactivity disorder :

Further classified as predominantly:

- Inattentive or hyperactive or combined types

ICD-10 Documentation for pain:

- State the acuity (i.e., acute or chronic).
- Identify the cause (e.g., trauma, post-thoracotomy, neoplasm, etc.)
- Detail the following:
 - When patients are admitted for pain management or control
 - Psychological pain
 - The site of the pain

ICD-10 Documentation for COPD:

- Document if with acute lower respiratory tract infection + causal organism when known, such as: -Pseudomonas pneumonia
- Document if with: -Acute exacerbation
- Document if with respiratory failure and severity: - Acute respiratory failure - Chronic respiratory failure -Acute on chronic respiratory failure
- Document associated usage of tobacco/products

ICD-10 Documentation for Osteoporosis:

- Specify the acuity (i.e., acute, subacute, chronic, or Indicate the presence or absence of current pathological fractures
 - Identify the current fracture site
 - Provide information regarding the encounter type (e.g., initial, subsequent, sequela).
 - Specify the healing status (e.g., routine, delayed, nonunion, malunion).
- Clarify the cause (e.g., age-related, drug-induced, post-traumatic)
 - List the specific drug.
- Report any major osseous defect and detail any past history of healed osteoporosis fractures

ICD-10 Documentation for hypertension:

- Distinction is not made between malignant, benign or unspecified type
- Control and uncontrolled does not affect code assignment
- Manifestations should be specified as applicable. There is a causal relation with chronic kidney disease but for heart disease it should be specified as due to, secondary to or hypertensive

ICD-10 Documentation for asthma:

- Document the type as allergic extrinsic, childhood, obstructive, exercise induced etc.
- Document the acuity as mild, moderate, severe, persistent, intermittent, with exacerbation or status asthmaticus
- Document the severity of exacerbation as mild, moderate, persistent severe etc.

ICD-10 Documentation for diabetes:

- Specify the type:
 - DM due to underlying condition
 - Drug or chemical induced
 - Type 1 and type 2
 - Other specified (postpancreatectomy DM)
- Manifestations or complications require causal relationship to be documented.
- Documentation for Controlled vs. Uncontrolled is no longer needed

ICD-10 Documentation for atrial fibrillation:

- For atrial fibrillation, document type as: paroxysmal, persistent, or chronic
- For atrial flutter, document type as: Typical or Type 1, Atypical or Type 2

ICD-10 Documentation for back pain:

- Specify the site (e.g., low back, thoracic, cervical, etc.).
- State the laterality when applicable (i.e., right, left, or bilateral).
- Identify the underlying cause of the pain.
- Differentiate between panniculitis and radiculopathy.
- Detail when lumbago is accompanied by sciatica

ICD-10 Documentation for CHF:

- Document the acuity (i.e., acute, chronic, or acute on chronic).
- Document the type of failure (e.g., systolic,
- diastolic, combined
- Document any relationship of hypertension and/or chronic kidney disease to heart failure

ICD-10 Documentation for headache:

- Document the the type as Cluster, tension, or paroxysmal hemicranias and if episodic or chronic
- For posttraumatic specify acute or chronic, and include information regarding any post-concussion syndrome
- For drug induced specify the drug

ICD-10 Documentation for Malaise and Fatigue:

- Specify the type as age related, due to heat, pregnancy etc
- Separate codes are available in ICD-10 for malaise and fatigue
- Document if the condition is “Protein Calorie Malnutrition”

ICD-10 Documentation for depression:

- Mild, moderate, severe
- With or without psychotic features
- Remission or partial remission
- Severe/Major Depression is risk adjusted condition**

ICD-10 Documentation for hyperlipidemia:

- Specify the type as being:
 - Group A - pure hypercholesterolemia
 - Group B - pure hyperglyceridemia
 - Group C - mixed hyperlipidemia
 - Group D – hyperchylomicronemia
 - Familial combined hyperlipidemia

ICD-10 Documentation for upper respiratory infection:

- Specify the body part affected as sinus, pharynx, tonsils etc
- Specify the infective agent as viral streptococcal etc
 - a. For streptococcal specify type as group A, B, D etc
 - b. Specify any associated tobacco smoke exposure

ICD-10 Documentation for anxiety:

- Document type as mixed, generalized, episodic, organic, phobic, reaction etc
- Document causative substance as alcohol, cocaine, drugs etc
- Document any associated stress reaction, neurasthenia, separation anxiety etc

ICD-10 Documentation for anemia:

- Identify the type of anemia (e.g., nutritional, hemolytic, aplastic, blood loss, etc.).
- Specify the acuity of the disease (i.e., acute or chronic).
- Provide the name of the deficient vitamin(s) and/or mineral(s) for nutritional anemias.
- Describe hemolytic anemias as being hereditary, acquired, enzyme disorders, autoimmune, or non-autoimmune.
- Detail the underlying cause or provide a statement indicating “unknown cause” (e.g., chronic kidney disease, trauma, ulcer, cancer, chemotherapy, etc.).
- Link lab findings to a related diagnosis (e.g., leukocytosis to hereditary hemolytic anemia, low vitamin B12 level to pernicious anemia, etc.)

ICD-10 Documentation for esophageal reflux

- Mention gastro-esophageal reflux disease with or without associated esophagitis and hiatal hernia

Scripps ICD-10 Education

Your invited...	At your leisure...	On the job...
Physician Speaker Events	Webinars	ScrippsDoc Mobile app
Lunch & Learns	Physicians' Resources Page on InsideScripps.org	24 x 7 Hotline and Email System
Drop-in Sessions	Provider Resource Booklet	Job Aids
Onsite	Leadership Email Campaigns	Badge Cards
Specialty Education - Case Studies/Documentation Tips	Learning Management System (LMS) Online Courses	
Division Meetings training sessions	Precyse Clinical Documentation outlines for documentation tips	
Onsite Support	Document Tip Flyers	
	MarCom Articles	

Let's take a look at several...

Modality: Badge Cards

Collaborated with Dr. Sharieff

Based on the core concepts of ICD-10

Modeled after badge cards created for La Jolla by Emily Emmons

Included to Simplify:

- Present on Admission
- Level of Care

Very well received

Distributed 2000+ at events

Next:

Specialty-specific badge cards



Modality: Job Aides

Sourced from the top ICD-9 codes based on 2013 PMA data

66 job aides have been created

Job aides feature the ICD-9 code and description and the corresponding ICD-10 code(s) and description(s)

Job aides are reference guides - perfect for Physicians on Med Staff without biller/coders or EHRs

Available on the intranet:

- <https://insidescripps.org/pages/learning-education/program-training-education/icd-10/resources.aspx>

General Practice ICD-10-CM 2014: Reference Mapping Card

053.9 - 386.30 ICD-9 codes 053.9 through 386.30 and the equivalent ICD-10 code		250.42	ICD-9-CM	ICD-10-CM
			Diabetes with renal manifestations, type II or unspecified, uncontrolled	E11.21 Type 2 diabetes mellitus with diabetic nephropathy Applicable to: <i>Type 2 diabetes mellitus with intercapillary glomerulosclerosis</i> <i>Type 2 diabetes mellitus with intracapillary glomerulonephrosis</i> <i>Type 2 diabetes mellitus with Kimmelstiel-Wilson disease</i> With -
				E11.65 Type 2 diabetes mellitus
ICD-9-CM	ICD-10-CM			
053.9 Herpes zoster without complication	B02.9 Zoster without complications Applicable to: <i>Zoster NOS</i>			
078.89 Viral disease	A98.3 Marburg virus disease A98.4 Ebola virus disease B33.8 Other specified viral diseases			
110.3 Dermatophytosis of groin	B35.6 Tinea cruris Applicable to: <i>Dhobi itch</i>			

Presentations use Scripps cases to show construction of a complete progress note:

Case Example: Respiratory Failure

A 66 year old male with COPD presents in acute respiratory distress. His initial oxygen saturation is 85% on Room air and an ABG reveals a C02 of 75 and he is lethargic with marked retractions. His prior admission C02 was 50.
He smokes 5 of cigars per day

Example- COPD exacerbation

Acuity: acute
Severity: severe
Etiology: COPD
Location: NA
Laterality: NA
Detail: Initial encounter **Associated findings-**hypercapnia, hypoxia. Cigar dependence

All together:

- 1)Acute severe COPD exacerbation with hypercapnia and hypoxia. Initial Encounter
- 2) Cigar (Tobacco) dependence

Modality: Precyse Clinical Documentation Outlines

Precyse is a leader in Performance Management and Technology focused on Health Information Management (HIM)

From Precyse, the ICD-10 team gathered clinical documentation outlines with important documentation tips and strategies on many diseases/conditions as required by the specificity needed in ICD-10

Outlines to be included in ScrippsDoc app

Modality: Precyse Clinical Documentation Outlines Example

Scripps Kronos | E-Stub | Careers | Self Service | Human Resources

People Finder Search...

One Scripps Corporate Departments Care Lines Facilities & Locations Tools & Apps Policies & Forms Learning & Education Journals & Libraries Patient Care

Home > InsideScripps.org > Learning & Education > Program Training & Education > ICD-10 Education > Clinical

Quick Links A A A

Learning & Education

- Center for Learning & Innovation (CFLI)
- Continuing Medical Education (CME)
- Graduate Medical Education (GME)
- Research Studies
- Online Courses (LMS)
- Program Training & Education
 - AllScripts (AEHR) Training
 - Compliance & Privacy Education
 - Disaster Training
 - Health Exchange
 - ICD-10 Education

Clinical Documentation Outlines

These clinical documentation outlines support ICD-10

Outlines

- ABCESS FURUNCLE AND CARBUNCLE
- ABNORMAL RADIOLOGY FINDINGS
- ABORTION
- ACUTE RENAL FAILURE
- ADULT PERSONALITY AND BEHAVIOR DISORDER
- ADVERSE EFFECTS AND POISONING
- AIDS AND HIV
- ALLERGIC AND IRRITANT DERMATITIS
- ANEMIA
- ANEURYSM
- ARRHYTHMIA AND DYSRHYTHMIA
- ARTERIAL EMBOLISM AND THROMBOSIS
- ARTHROPATHIES AND POLYARTHROPATHIES
- ASTHMA
- ATELECTASIS
- ATHEROSCLEROSIS OF CORONARY VESSELS
- ATHEROSCLEROSIS OF NON-CORONARY VESSEL
- BACK PAIN

ACUTE RENAL FAILURE

The following are important documentation tips and strategies for this disease/condition as required by the specificity needed in ICD-10:

- Clarify the acuity (i.e., acute or chronic).
- Detail the type of necrosis with acute renal failure:
 - Tubular
 - Cortical
 - Medullary
- Identify the underlying cause or disease (e.g., dehydration, post-traumatic, drug-induced, etc.).

Modality: LMS eCourses

The ICD-10 team /Precyse partnership continues with a variety of specialty-based ecourses

LMS course length - 15 minutes to 1 hour

Self-guided learning opportunity available 24x7

- www.scripps.org/LMS
- Physicians can use corporate ID and 12345678 to login

ICD-10 offers several hundred courses on the LMS, ranging from 15 min – 1 hour in length

Highly Suggested Courses:

1. ICD-10 and the Physician
2. ICD - 10 General Awareness
3. A Day In the Life of ICD-10
4. Prologue to ICD-10-CM for Non-Coders
5. Prologue to ICD-10-PCS for Non-Coders
6. The Language of ICD-10: Specificity and Granularity
7. Documenting in ICD-10-CM
8. Documenting in ICD-10-PCS

Suggested Minimum Recommendations:

1. **The Language of ICD-10: Specificity and Granularity** - This course will provide an overview of the terminology of ICD-10-CM and documentation practices that will impact reimbursement with the advent of ICD-10-CM/PCS. It will also highlight the most common documentation errors in ICD-9-CM and how these will continue within the ICD-10 systems. The course will also introduce some of the new terms and

The Physicians' Resources Page contains links for ICD-10:

- Clinical Documentation Outlines
- Job Aides
- Conversion Tools
- Grand Rounds Details
- Mobile Applications
- IS Applications
- Care Line Education

The Physicians' Resource Page is located on [InsideScripps.org](https://www.insidescripps.org)

ScrippsDoc

- Recommended by Howard Horwitz (currently used by CME and Physicians use for conferences)
- Joint effort between ICD-10 Team, Jean Fuller, and Dr. Sharieff

ScrippsDoc Implementation

- Initially, will contain Precyse Clinical Documentation Outlines and top 25 diagnosis code conversion searchable by specialty
- IMO Terminology Piloted April 1-17, 2015
- ICD-10 content approval by Dr. Sharieff
- Clinical Documentation content to be developed & approved by Jean Fuller

Modality: ICD-10 Hotline

The **ICD-10 Hotline** and **ICD-10 Help Email** are available for easy access to the ICD-10 team for any questions or inquiries related to the ICD-10 initiative

The Hotline is available Monday-Friday 7am-5pm

- Any inquiries left on the Hotline or sent to Help Email will be returned within 1 business day

The Hotline & Help Email will: be the Command Center contact for ICD-10 Go Live

QUESTIONS? CONCERNS?
ICD-10 Hotline: 858-336-0293
ICD10Help@scrippshealth.org



IMPROVE CLINICAL DOCUMENTATION

Be sure to document:

- Acuity
- Severity
- Etiology
- Location
- Laterality
- Which Encounter

Converting to ICD

When will the ICD-10 mandate for all healthcare entities occur?

All services and discharges **on or after October 1, 2015** must be coded using the ICD-10 code set.

October 2015						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

For any questions:

QUESTIONS? CONCERNS?

ICD-10 Hotline: 858-336-0293

ICD10Help@scrippshealth.org

